



## Medwork Independent Review

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### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW:** 7/6/2015

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI of lumbar spine.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Orthopedic Surgeon.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)  
☐ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY:**

This xx-year-old was noted to have been injured in xxxx reportedly in association with repetitive lifting. The notes reveals that the patient was status post surgery at L4-5 and L5-S1 including hemilaminectomies. The patient had a degree of persistent back pain, prior electrodiagnostic, had included studies that were noted to be unremarkable as of 04/16/2013. Electrodiagnostics from 04/16/2013 revealed evidence of moderate S1 radiculopathy on the right side. The surgical intervention, however, was subsequent to that electrical study and was dated August 28, 2013 including is noted at L4-5 and L5-S1 and postoperative treatment included medications and therapy.

A postoperative MRI from October 13, 2014 had revealed an L4-L5 annular bulge with a hemilaminectomy defect on the right. There was noted to be at L5-S1 annular bulge and facet degenerative changes, without significant compression of the exiting nerve roots, although, there was mild encroachment of the inferior neural foramina bilaterally.

Clinical notes were reviewed including a note from May 5, 2015 discussing persistent low back pain, which does awake the individual from sleeps. Pain was exacerbated by walking and standing for a significant period. Exam findings revealed an abnormal gait and 2/5 strength testing with knee flexion and hip flexion on the right. A quad cane was being used for ambulation. Perispinal tenderness was noted. The prior denials discussed the lack of severe progressive neurologic findings and the lack of recent documented comprehensive non-operative treatment such as including physical therapy, along with the lack of myelopathy.



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### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The reviewed clinical records most recently, including the appeal of denial does not evidence severe or progressive neurologic abnormalities. A repeat MRI is not supported by the ODG guidelines in such a clinical situation as has been documented. The claimant does not have a medical reasonable or necessary indication for the apparent, essentially repeat diagnostic at this time in light of the normal reflexes and overall findings as documented including normal sensation as noted on 05/05/2015. The documentation does not support the diagnostic as ODG guidelines have not been met.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)